Hospital Worker

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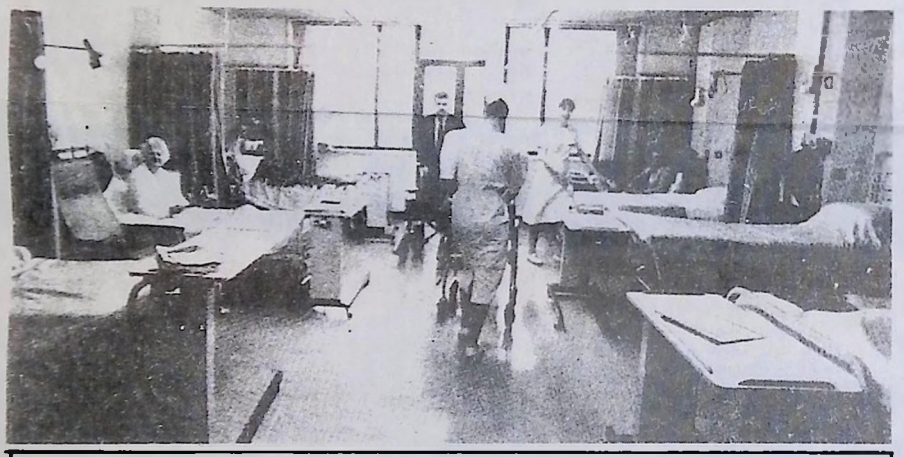
Broadsheet produced by rank and file hospital workers

PESP WAGE RISES:

Organise to make them pay!



THE government is now threatening to reduce the wage rises we are due under the terms of the Programme for Economic and Social Progress.

The excuse they use is the state of the country's finances.

In 1987 the forerunner of the PESP was sold to us as the only means for public sector workers to be guaranteed a wage rise.

But this was was quickly followed by a wave of cuts, £10 charges, job losses, a reduction in beds and a general run down of services.

The PESP, agreed just over a year ago, provided for small wage increases. But in return for this restraint we were promised a protection for our services.

Inflated

The government is now trying to get out of paying these increases. The Irish Congress of Trade Unions claims the increases will cost £180 million.

The government insist the cost will be £340 million, which the "country cannot afford".

But even on the governments inflated figures, half the cost would return to the government in tax and PRSI payments.

Yet despite the "financial crisis" of the government, Fianna Fail has been happy to throw millions of pounds at its rich backers like Larry Goodman.

Health workers must insist that they have made enough sacrifices. We are due these miserly increases. The government must pay up.

Discuss

All workers in the health service should be holding meetings to discuss the best way to ensure the pay terms of the PESP are fully and punctually implemented.

Resolutions should be passed at meetings. Shop stewards should begin making the arguments with fellow workers about why it is necessary to fight for these rises.

Union leaders should be under no illusions that we will accept any backtracking on this question.

A campaign has to be built to spread the issue to other groups of workers, unions and trades councils to support us.

As a start we should demand that the ICTU mobilises for a demonstration of trade unionists on the Dail in the run up to the budget in January.

Every group of workers has an interest in supporting every other in this fight for our wage rises.

Monaghan inter-union row

THIRTY staff members at St Davnet's Psychiatric Hospital in Monaghan were suspended without pay by the CNO in November.

About eight of the 228 members of SIPTU in the hospital left to join the Psychiatric Nurses Association. This followed accusations of bad service from SIPTU.

A former member of the National Nursing Council of SIPTU was appointed at the hospital to a managerial position to implement "cost-cutting" measures.

And a secret agreement was made with SIPTU over the heads of members at the hospital. These measures included integration of staff.

The PNA was invited in by workers to sort out a number of grievances which SIPTU had ignored. The PNA declined to become directly involved but simply advised members how to approach their grievances with SIPTU.

While the PNA denied ever poaching SIPTU members, it appears that the imposed agreement led to such anger among the workers that 14 of the 15 staff in admissions ward, for example, tore up their SIPTU cards for the PNA.

During all this confusion the management has pushed through several elements of the disputed agreement. Some of the staff's grievances have been settled but many more remain unresolved.

All staff were subsequently re-instated.

The problem of poor service from unions is not confined to Monaghan. It will not be solved by simply joining another union. The best way to defend conditions and arrive at agreements with managements which satisfy workers is for maximum organisation in the workplace.

Regular section and general meetings of all the staff, and report backs from shop stewards creates the conditions where all the members are involved and lousy agreements cannot be foisted on workers.

Contracts scandal

ONE of the quiet scandals in the health service is the numbers of staff on temporary contracts.

Government policy has it that no more than nine percent of staff should be temporary. This is a joke.

Up and down the country hospitals have anything between twenty and fifty percent of their staff on temporary contract. In some Dublin hospitals the majority of nursing staff can be on a temporary basis.

Indeed nurses, more than any other type of employee of the health service, make up the bulk of temporary workers.

Next to nurses are domestic and catering staff, but clerical, portering, admin and maintenance jobs all have a growing proportion of non-permanent workers.

Temporary workers are easy prey for a hardnosed management. Fear of not having their contract renewed makes them passive, easily pushed around, and accepting of the lousiest conditions, like rotten off-duty, cutting corners on safety, dangerously low staffing levels, unfair flexibility requirements, etc.

It also means of course staying at the lower rates of pay with no increments and for most, who are on short term contracts, no sick pay, maternity leave and of course no redundancy.

Temporary workers who have more than a year's continuous service are entitled to the above, and it is for that reason that in some Dublin hospitals, St James's for instance, that some some nurses have been given contracts for eleven months and three weeks and then let go!

It is because temporary, or "yellow pack" workers, as they are often called, are more easily subject to intimidation from management that the issue must be taken up by full-time, permanent workers.

The more "flexible" those on contracts are, the more conditions for *all* will be eroded. A docile work force is weak in the face of management, and cannot effectively fight to defend what gains and conditions they have won over the years.

Undermined

It also means an effective fight back against further cuts can be undermined.

The issue has not been entirely ignored by the unions, but neither is it getting the attention it deserves. They have for instance negotiated a deal that from January 1992 those on temporary contracts, but with more than two years' continuous service, will be entitled to yearly incremental increases in pay.

Fine—but what's to stop management "discontinuing" the service before two years?

The deal doesn't address the fundamental issue that temporary workers are not just cheap but vulnerable, and thereby undercut the strength of the entire work force and union.

Management have in some hospitals pulled a fast one. With the introduction of the 39-hour week, they were under pressure to take on more staff.

So they simply made the minimum numbers of temporary workers permanent. They did not then take on more temporary staff to replace them. In the end it was the same number of workers doing more work. So much for the great gain of the 39-hour week!

The unions must start campaigning on the issue. They could start by getting a true picture of the numbers of temporary workers there *are*.

Accurate figures are notoriously difficult to obtain —the lastest from the unions being for 1988. The situation in each hospital should be closely monitored.

Management must be put on the defensive as to why they're ignoring government policy and breaking the nine percent guidelines. A drive to recruit temporary workers must be undertaken.

Often they're ignored by the unions. Parity with permanent workers in terms of conditions regarding flexibility, duty rosters etc must be established.

Meetings for all types of staff should be organised to discuss the issue, and the initiative taken by the staff, not management, as to who will be next in line for permanency—along the lines of longest in the job, gets the job—and more jobs while they're at it!

No temporary worker should be let go and replaced by another temporary worker. Rather we should push for continuity of employment of the same person.

Only by beginning to address the issue now, can we prevent a situation where the majority of health workers can be reduced to casual labour without rights, on the lowest level of pay, and unable to defend the service that, as workers, we and our families depend on.

No belt-tightening for them!

DETAILS of the scandals involving the Irish rich and Fianna Fail gangsters should be engraved in the memory of every health worker.

■ Larry Goodman got £260 million in IDA grants—taxpayers' money—to build his beef empire. That much money could build and equip five hospitals.

■ He fiddled another £40 million in tax—that would have been enough to employ a thousand nurses for three years.

■ He was given, among other things, £100 million worth of export credit insurance. In other words, if his customers abroad failed to pay him the Irish government would. No such guarantee for the cash-starved health service—instead wards are closed, health workers thrown on the dole, and the service to ordinary working people gets more inadequate every day.

■ Michael Smurfit's property company made a fortune selling and renting property to Telecom at inflated prices. It was Irish workers, through their taxes, that gave him—one of the richest men in Ireland —his "behind-the-scenes" super profits. The sale of the Johnston Mooney & O'Brien site alone helped him fiddle £1 million in tax.

Meanwhile, the accident and emergency services in Dublin are stretched to breaking point, trying to £750,000. Hundreds wait in pain in casualty departments for hours, while Smurfit squanders the needed cash on lavish parties for his second wife in Marbella.

■ Comerford and four other executives of Greencore, the recently privatised Irish Sugar Company, made £6.5 million between them in a bent deal before privatisation. All taxpayers' money. That's more than half the shortfall in spending, ie debt, for this year of the entire health service in the 26 counties!

So next time you hear a politician say the "country can't afford it", tell them to send the begging bowl around to their rich friends that they've looked after so well, and for so long. We've been bled white by these crooks. It's our tax money they ripped off. And it's the health of working people they put second to the interests of the rich.

Year of chaos ahead

A YEAR of chaos is what looks likely for the future of the health service. The Department of Finance is threatening to take three percent of total spending while the Department of Health is looking for a four percent increase.

The prospect of more cuts is monstrous. There are no areas where savings can be made. The last four years have seen the health service cut to the bone.

The South Eastern Health Board is compiling a list of cutback measures which will mean the dropping of the equivalent of two hundred jobs. In Sligo General Hospital they are looking to cut 46 new jobs. The Southern Health Board has told nurses not to take their annual leave until the end of the year as a bookkeeping measure.

The minimum required in the Budget for the health service to stand still was last year's allocation plus £100 million.

There are four mobile heart units, which give heart attack victims an increased chance of survival, lying idle because staff and funding are not there.

Proposing

The new list of fees being drawn up by hospital consultants are set to charge patients double the amount allowed by the VHI under its medical insurance scheme. The IHCA is proposing a fee of £700 for a hip replacement operation, which compares with a fee of £385 paid at present by the VHI.

The fee for hospital doctors will range between £50 and £70. This shows little regard for the people who are struggling to make ends meet. Over 75 percent of graduate doctors emigrate. This is caused by the limited number of full-time openings in general practice and public health.

Things seem to be coming to a breaking point, and there are signs of people beginning to fight back.

Nurses threatened to take whatever action is necessary to solve the long-running row over overcrowding at St Luke's Hospital in Kilkenny. They complained that they can no longer sustain service with patients being treated in the hospital corridors. At the same time the government is holding up the £6 million that St Luke's was supposed to get for an extention.

In Tallaght over seven hundred people met to discuss the postponement of the proposed Tallaght Regional Hospital.

The government have failed to meet the guidelines set down by the PESP and have wasted £2 million, which has been spent on administering the Tallaght board since its inception in 1983.

In order to beat the cuts you have to be organised. This means having meetings among yourselves and pressurising the unions to do something about the problem. All the moaning people do in canteens every day has to be crystallised into anger and focused on the employers.

For more information on how to beat the cuts, write to *Hospital Worker*, P.O. Box 1648, James's Street, Dublin 8.

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If you would like additional copies of Hospital Worker or more details contact PO Box 1648 James's St, Dublin 8